

DISCLAIMER

THIS IS AN UNOFFICIAL DOCUMENT UNTIL APPROVED BY GOVERNING BODY

AGENDA:

MAYOR AND BOROUGH COUNCIL

BUSINESS (X)

MEETING NO. 6

REGULAR ()

DATE: 3/14/16

7:00 P.M.

SPECIAL ()

ROLL CALL:	Mayor Krenzel	()		Atty:	_____
	Clm. Ciulla	()	Clm. Jones	Eng:	_____
	Clm. Gurchensky	()	Clm. Trenga	Adm:	_____
	Clm. Haussermann	()	Clm. Hutchison	:	_____

Public Announcement - Chapter 231, P. L. 1975

PUBLIC COMMENTS (agenda items only)

MINUTES

Minutes of Meeting No. 1 held on January 1, 2016
Minutes of Meeting No.5 held on February 22, 2016
Closed Session minutes of February 22, 2016

REPORTS

1. CFO/Treasurer
2. Professional staff
3. Departments

LICENSES

Wreckers: George Logan Towing, Inc. (Attachment A)
 Rich's Towing Service Inc. (Attachment B)
 Raporti Auto Mall (Attachment C)
 Fred's Towing (Attachment D)
 Coppa's Service Center (Attachment E)

Mobile Retail Food Establishment: Frank's Ices and Ice Cream/Little Jimmies (Attachment F)
 Junk Shop Keeper/Junk Dealer: Michaelson Auto Wrecker (Attachment G)
 Precious Metals: Amal Azer/St. Mark's Nile Grill (Attachment H)

NEW BUSINESS

Refund of electric consumer deposits (Attachment I)
 Refund of Municipal Lifeline deposits (Attachment J)
 Authorize 2016 Temporary Budget Emergency
 Authorize Fireworks Display with Garden State Fireworks, Inc. (Attachment K)
 Authorize Borough Administrator to Advertise for position of Deputy Court Administrator (Attachment L)
 Approve Hazardous Materials Cost Recovery Agreement with Middlesex County (Attachment M)
 Approve Mercantile licenses: Autobahn Lifestyle (Attachment N); New Beginnings (Attachment O)
 Approve Special Events Permit for Aplastic Anemia and MDS International Foundation/request to waive fee (Attachment P)
 Approve Special Events Permit for Saraswati Cultural Association Inc./request to waive fee (Attachment Q)
 Approve Outdoor Café License for Café Sical, LLC t/a Cirino's Bakery, Inc. (Attachment R)
 Appoint Matthew McGowan as Acting Construction Official/Building Sub-Code Official/Zoning Officer
 Appoint Javier Guzman as Probationary Member - SR Rescue Squad (Attachment S)
 Appoint Nikita Jain and Amani Hassan as Probationary Cadet Members - SR Rescue Squad (Attachment T)
 Appoint Peter Guindi as Alt. 2 Member - Board of Health

UNFINISHED BUSINESS

Area in need of Redevelopment

COUNCIL COMMENTS

EXECUTIVE SESSION

Personnel

ADJOURNMENT

BOROUGH OF SOUTH RIVER
MIDDLESEX COUNTY
NEW JERSEY
 08882-1247

A



2016

BOROUGH CLERK

APPLICATION FOR WRECKER'S LICENSE

Name of Applicant George Logan Towing Inc Trade Name SAME

Owner, Lessee George E. Logan

Address 371 Old Georges RD North Brunswick, N.J., 08902

Phone Number 732-297-0391 FAX 732-297-6555

Name & Address of each Partner George + Rosemarie Logan Jr
280 Washington PL
North Brunswick NJ 08902

If a Partnership; Name, Date, & State under which organized Corp

If a Corporation; Names of Directors, Principal Officers, & Local Representatives & their business addresses George E Logan Jr (PRES)
Both Rosemarie Logan (V.P. Sec, Treas)
280 Washington PL No. Brwns - NJ 08902

If a Foreign Corporation; are you authorized to do business in the State of New Jersey:
Yes No

Number of Vehicles 2 @ \$100.00 per vehicle Total Fee Enclosed \$ 200⁰⁰
 Check or Money order made payable to Borough of South River

Please list below a description of EACH tow vehicle to be utilized in your business:

ISS
C-36

YEAR	MAKE	MODEL	TYPE	VEHICLE ID #	PROOF OF REG.	PROOF OF INS.
2014	Kenworth	T800	Heavy	J388271	✓	✓
2013	Hino	258	FLATbed	S51318	✓	✓

Please list below how long the wrecker has been in use as a wrecker:

YEAR	MAKE	MODEL	HOW LONG IN USE
2014	Kenworth	T800 H10	1yr 3 months
2013	Hino	258/Flatbed	2 yrs

List below all personnel who are authorized by the applicant to provide services on behalf of the applicant: **AUTHORIZED PERSONNEL NEED TO COMPLETE THE ATTACHED FORM AND SUBMIT A COPY OF THEIR DRIVER'S LICENSE WITH DMV ABSTRACT**

Proposed rates within Boro Limits AS/AN ORDINANCE

Required Insurance: Indemnity for Property Damage-\$10,000 and Personal Injury Not less than \$100,000 and \$300,000. Please attach a copy of insurance policy to this application.

Name of Insurance Company STATE NATIONAL INS Co.

Address Folke Ins 530 E. main ST STE 4B 50X 369 Chesler, N.J. 07930

Affidavit of Applicant: I do hereby swear that the above information to be true and Correct to the best of my knowledge.

George E. Logan Jr.
(Signature of Applicant)

For Borough Use Only:

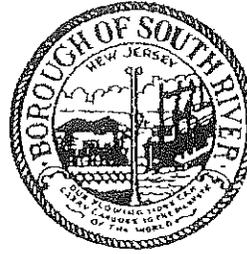
Date Filed 11/25/15 Fee Paid 200 Cash/Check 5863-
 Referred to SRPD: 11/14/16 Approved/Denied SRPD 3/4/16
Date Date
 License No. _____ Date Issued _____

License Period will be from January 1st through December 31st of any year.

Revised 11/15

B

BOROUGH OF SOUTH RIVER
MIDDLESEX COUNTY
NEW JERSEY
08882-1247



2016

APPLICATION FOR WRECKER'S LICENSE

Name of Applicant RICH'S TOWING SERVICE, INC Trade Name

Owner, Lessee RICHARD C. PARIS

Address 1099 14TH STREET NORTH BRUNSWICK NJ 08902

Phone Number 732-435-0655 FAX 732-342-9531

Name & Address of each Partner N/A

If a Partnership; Name, Date, & State under which organized N/A

If a Corporation; Names of Directors, Principal Officers, & Local Representatives & their business addresses RICHARD C. PARIS
882 NASSAU ST NORTH BRUNSWICK NJ 08902

If a Foreign Corporation; are you authorized to do business in the State of New Jersey:
Yes No

Number of Vehicles 4 @ \$100.00 per vehicle Total Fee Enclosed \$ 400.00 ✓
Check or Money order made payable to Borough of South River

Please list below a description of EACH tow vehicle to be utilized in your business:

YEAR	MAKE	MODEL	TYPE	VEHICLE ID #	PROOF OF REG.	PROOF OF INS.
SEE ATTACHED						

Please list below how long the wrecker has been in use as a wrecker:

YEAR	MAKE	MODEL	HOW LONG IN USE
1996	INTERNATIONAL	4700	LIFE
1997	INTERNATIONAL	4700	LIFE
1995	INTERNATIONAL	4700	LIFE
2003	INTERNATIONAL	4300	LIFE

List below all personnel who are authorized by the applicant to provide services on behalf of the applicant: **AUTHORIZED PERSONNEL NEED TO COMPLETE THE ATTACHED FORM AND SUBMIT A COPY OF THEIR DRIVER'S LICENSE WITH DMV ABSTRACT**

SEE ATTACHED

Proposed rates within Boro Limits AS PER ORDINANCE

Required Insurance: Indemnity for Property Damage-\$10,000 and Personal Injury Not less than \$100,000 and \$300,000. Please attach a copy of insurance policy to this application.

Name of Insurance Company GRAPHIC ARTS MUTUAL INS CO

Address 266 RTE 34 MATAWAN NJ 07747

Affidavit of Applicant: I do hereby swear that the above information to be true and Correct to the best of my knowledge.

Richard C P

(Signature of Applicant)

For Borough Use Only:

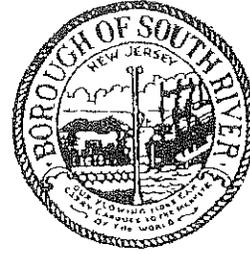
Date Filed 12/29/15 Fee Paid 400 Cash/Check # 8731
 Referred to SRPD: 1/14/16 Date 3/4/16 Approved / Denied SRPD Date
 License No. _____ Date Issued _____

License Period will be from January 1st through December 31st of any year.

Revised 11/15

C

BOROUGH OF SOUTH RIVER
MIDDLESEX COUNTY
NEW JERSEY
08882-1247



2016

APPLICATION FOR WRECKER'S LICENSE

Name of Applicant ARTHUR Riporti Trade Name Riporti's Auto Mall

Owner, Lessee ARTHUR Riporti

Address 1615 ENGLISH TOWN Rd OLD BRIDGE NJ 08857

Phone Number 732-251-8888 FAX 732-251-9394

Name & Address of each Partner NONE

If a Partnership; Name, Date, & State under which organized _____

If a Corporation; Names of Directors, Principal Officers, & Local Representatives & their business addresses _____

If a Foreign Corporation; are you authorized to do business in the State of New Jersey:
_____ Yes _____ No

Number of Vehicles 1 @ \$100.00 per vehicle Total Fee Enclosed \$ 100.00
Check or Money order made payable to Borough of South River

Please list below a description of EACH tow vehicle to be utilized in your business:

YEAR	MAKE	MODEL	TYPE	VEHICLE ID #	PROOF OF REG.	PROOF OF INS.
1997	INTERNATIONAL	4700	FLATBED	HT5CABM OVH457228	XCFV94	✓

Please list below how long the wrecker has been in use as a wrecker:

YEAR	MAKE	MODEL	HOW LONG IN USE YEARS
1997	INTERNATIONAL	4700	17

List below all personnel who are authorized by the applicant to provide services on behalf of the applicant: **AUTHORIZED PERSONNEL NEED TO COMPLETE THE ATTACHED FORM AND SUBMIT A COPY OF THEIR DRIVER'S LICENSE WITH DMV ABSTRACT**

ARTHUR Riposte DL # R4569-06165-11452
KEITH NOVAK DL # N6842-42971-09532

Proposed rates within Boro Limits _____

Required Insurance: Indemnity for Property Damage-\$10,000 and Personal Injury Not less than \$100,000 and \$300,000. Please attach a copy of insurance policy to this application.

Name of Insurance Company UNIVERSAL UNDERWRITERS Ins Comp

Address 7045 COLLEGE BLVD. OVERLAND PARK, KS 66211

Affidavit of Applicant: I do hereby swear that the above information to be true and Correct to the best of my knowledge.

Arthur Riposte

(Signature of Applicant)

For Borough Use Only:

Date Filed 11/2/15 Fee Paid 100 Cash/Check #494
 Referred to SRPD: 11/4/16 Approved / Denied SRPD 3/4/16
 Date Date Date
 License No. _____ Date Issued _____

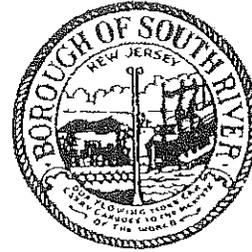
License Period will be from January 1st through December 31st of any year.

Revised 11/15

D

BOROUGH OF SOUTH RIVER
MIDDLESEX COUNTY
NEW JERSEY
08882-1247

RECEIVED



2016

APPLICATION FOR WRECKER'S LICENSE

Name of Applicant BARBARA Koch Trade Name FRED'S TOWING

Owner, Lessee BARBARA Koch

Address 23 ROBERT ST SO. RIVER

Phone Number 732-254-7060 FAX 732-254-6112

Name & Address of each Partner _____

If a Partnership; Name, Date, & State under which organized _____

If a Corporation; Names of Directors, Principal Officers, & Local Representatives & their business addresses _____

If a Foreign Corporation; are you authorized to do business in the State of New Jersey:
_____ Yes _____ No

Number of Vehicles 1 @ \$100.00 per vehicle Total Fee Enclosed \$ 100.00
Check or Money order made payable to Borough of South River

Please list below a description of EACH tow vehicle to be utilized in your business:

YEAR	MAKE	MODEL	TYPE	VEHICLE ID #	PROOF OF REG.	PROOF OF INS.
2007	FREIGHTLINER	FLAT BED		IF VAC WGS 17 AX 79405	✓	✓

Please list below how long the wrecker has been in use as a wrecker:

YEAR	MAKE	MODEL	HOW LONG IN USE
2007	FREIGHTLINER	FLAT BED	9 YRS

List below all personnel who are authorized by the applicant to provide services on behalf of the applicant: **AUTHORIZED PERSONNEL NEED TO COMPLETE THE ATTACHED FORM AND SUBMIT A COPY OF THEIR DRIVER'S LICENSE WITH DMV ABSTRACT**

FRED Koch

Proposed rates within Boro Limits TOW \$125 STORAGE \$45 PER DAY

Required Insurance: Indemnity for Property Damage-\$10,000 and Personal Injury Not less than \$100,000 and \$300,000. Please attach a copy of insurance policy to this application.

Name of Insurance Company STATE NATIONAL TNS

Address 440 RT 34 COLT NECK NJ

Affidavit of Applicant: I do hereby swear that the above information to be true and Correct to the best of my knowledge.

Barbara Koch

(Signature of Applicant)

For Borough Use Only:

Date Filed 1/14/16 Fee Paid 107 Cash/Check #8431

Referred to SRPD: 1/14/16 Approved/Denied SRPD 3/4/16
Date Date

License No. _____ Date Issued _____

License Period will be from January 1st through December 31st of any year.

Revised 11/15

BOROUGH OF SOUTH RIVER
MIDDLESEX COUNTY
NEW JERSEY
08882-1247



2016

APPLICATION FOR WRECKER'S LICENSE

Name of Applicant Coppa's Service Ctr. Trade Name same
Owner, Lessee Mario Coppa III
Address 1 Moore Rd. North Brunswick NJ 08902
Phone Number 732-297-7530 FAX 732-297-1717
Name & Address of each Partner N/A

If a Partnership; Name, Date, & State under which organized /

If a Corporation; Names of Directors, Principal Officers, & Local Representatives & their business addresses Mario Coppa III
1 Moore Rd. No. Brunswick NJ 08902

If a Foreign Corporation; are you authorized to do business in the State of New Jersey: N/A
Yes _____ No _____

Number of Vehicles 3 @ \$100.00 per vehicle Total Fee Enclosed \$ 300
Check or Money order made payable to Borough of South River

Please list below a description of EACH tow vehicle to be utilized in your business:

YEAR	MAKE	MODEL	TYPE	VEHICLE ID #	PROOF OF REG.	PROOF OF INS.
2015	FORD	F550	Flatbed	5-25	✓	✓
2001	Peterbilt	379	wrecker	5-24	✓	✓
2005	Chevy	CC5500	Flatbed	5-23	✓	✓

Please list below how long the wrecker has been in use as a wrecker:

YEAR	MAKE	MODEL	HOW LONG IN USE
2015	Ford	F550 Flatbed	1 yr
2001	Peterbuilt	379 Wrecker	6 yrs.
2005	Chevy	C5500 Flatbed	10 yrs.

List below all personnel who are authorized by the applicant to provide services on behalf of the applicant: **AUTHORIZED PERSONNEL NEED TO COMPLETE THE ATTACHED FORM AND SUBMIT A COPY OF THEIR DRIVER'S LICENSE WITH DMV ABSTRACT**

Mario Coppa III, Anthony Coppa, Richard Crawford, Joseph Kasper, Paulo Acabou, John Stiener Jr.

Proposed rates within Boro Limits As per ordinance

Required Insurance: Indemnity for Property Damage-\$10,000 and Personal Injury Not less than \$100,000 and \$300,000. Please attach a copy of insurance policy to this application.

Name of Insurance Company Hanover/Citizens/Travelers

Address see attached copy

Affidavit of Applicant: I do hereby swear that the above information to be true and Correct to the best of my knowledge.

Mario Coppa III

(Signature of Applicant)

For Borough Use Only:

Date Filed 1/25/16 Fee Paid 300 Cash/Check 047033
 Referred to SRPD: 1/25/16 Approved/Denied SRPD 3/4/16
 License No. _____ Date Issued _____

License Period will be from January 1st through December 31st of any year.

Revised 11/15

F

Copy of DL
50.05 CAS # / photo

BOROUGH OF SOUTH RIVER
MIDDLESEX COUNTY
NEW JERSEY
08882-1247



2016

**APPLICATION FOR LICENSE REGULATING
MOBILE RETAIL FOOD ESTABLISHMENTS
(Ord. 2009-48)**

ALL LICENSES SHALL EXPIRE ON DECEMBER 31 OF THE YEAR IN WHICH ISSUED

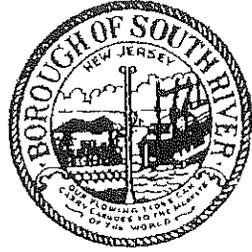
The undersigned hereby makes application for a license under the above entitled ordinance and makes the following representations:

1. Name under which business is to be conducted: JIMMY'S
Frank's Ices & Ice Cream
2. Applicant's name (if corporation, give names and addresses of president and secretary; if a partnership, give names and addresses of all partners)
Francisco J Pacheco
72 Kierst Street
Parlin, NJ 08859
3. Present residence address and address of business if different
72 Kierst Street
Parlin, NJ 08859

Residence over the past five years (if individual)
same
4. Home Telephone Number: Cell Number: (908) 601-5552
Business Number: (908) 601-5552
5. Location or route within the Borough where the business is to be conducted.
Throughout the streets of South River
Ice Cream Truck
6. Addresses and municipalities in which the business has operated for the past five years
South River, East Brunswick
7. Nature of business: Ice Cream Truck

G

**BOROUGH OF SOUTH RIVER
MIDDLESEX COUNTY
NEW JERSEY
08882-1247**



2016

Application for Junk Shop Keeper or Junk Dealer License

Date: 1-20-16

Name of Applicant MICHAELSON AUTO WRECKER Phone Number 732-254-0043

Trade Name _____

Owner, Lessee SUSAN MICHAELSON

Address 56 CAUSEWAY SOUTH RIVER NJ

Approximate Depth of Premises

Affidavit of Applicant:

The above information is true and correct to the best of my knowledge.

Susan Michaelson
(Signature of Applicant)

For Borough Use Only:

Date Filed 1/21/16 Fee Paid 1/21/16 Date Referred 1/21/16

Inspection by Health Officer:

Date: 1/21/16 AM Approval _____ Denied _____

License No. _____ Dated Issued _____

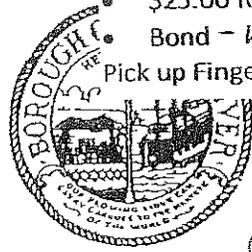
**License Period will be from January 1st through December 31st of any year.
License Fee: \$300.00/year**

Health

note: returned for approval
[Signature]
OFFICE OF THE MUNICIPAL CLERK, 48 WASHINGTON STREET, 732-257-1999, EXT 116
3/07/16

H

BOROUGH OF SOUTH RIVER
MIDDLESEX COUNTY
NEW JERSEY
08882-1247



Please Submit:
• Application/Copy of Drivers License
• \$25.00 Renewal Fee
• Bond - VALID THROUGH 2016
Pick up Fingerprinting pkt @ SRPD

2016

**APPLICATION FOR LICENSE REGULATING THE PURCHASE OF
GOLD, SILVER, AND OTHER PRECIOUS METALS AND GEMS
(Ord. 2009-26)**

Initial License Fee - \$200.00 _____
Annual Renewal Fee - \$25.00 X _____

All Licenses shall expire on December 31 of the year in which issued

The undersigned hereby makes application for a license under the above entitled ordinance and makes the following representations:

1. Applicant's name and permanent home address:
Amal Azer
53 Peach Orchard Dr.
East Brunswick NJ 08816

2. Home Telephone Number: (732) 390-6047 Cell Number: (732) 710-2233

3. Birth date: 4/17/67 Sex: F Height: 5-4 Weight: 160

Complexion: _____ Color of Hair: Brown Color of Eyes: Brown

Place of Birth: Egypt Social Security #: 138-86-7396

Driver's License #: A97360360054672

4. Name and Address of Business:
St. Mark
52 Main St South River NJ 08882

5. Telephone Number of Business: (732) 651-0075

6. Name and addresses of three references in Middlesex County or attach, hereto, other acceptable evidence of the applicant's character and business responsibility:
Mekey Accountnj
Perth Amboy
Ramada

7. Have you ever been convicted of any crime, misdemeanor, disorderly person's statute or violation of any municipal ordinance? NO If so, what was the nature of the offense and penalty imposed? _____

8. List the names of each municipality in New Jersey in which you have been licensed to operate a business, within the past six (6) months:

South River

9. Set forth in full detail all experience of Applicant in the business of purchase and sale of gold, silver, or other precious metals and gems.

we have 25 years of business

of selling jewelry - Precious Metal of gold

10. State the particular type of operation to be conducted by Applicant and whether the business of Applicant is to be operated from a fixed location or conducted at a location primarily devoted to the purchase and sale of gold, silver, or other precious metals and gems. State the exact location of the business to be operated by Applicant.

Repair by S&M

11. Have you ever been licensed under this Ordinance? NO
If so, when: _____

Signature



OK - SUPD 3/4/16
FAN

I, J

Request for Council Action

Date: MARCH 9, 2016

Resolution: ✓

Ordinance: _____

Other Reason for Request (Attach Back-up)

UTILITY REFUNDS

MUNICIPAL LIFELINE REFUNDS

Funds Appropriated: yes no not applicable

 Ram Budh
Department Head


Approval/Disapproved Administrator



RESOLUTION

WHEREAS, the official utility records of the Borough of South River, New Jersey show certain refunds which include electric, water and consumer deposits (CD); and

WHEREAS, the Collector of Utility Revenue recommends that the following refunds should be made to the consumer noted herein below listed; and

NOW, THEREFORE BE IT AND IT IS HEREBY RESOLVED by the Borough Council of the Borough of South River that the Collector of Utility Revenue is hereby authorized to make the following refunds and adjustments indicated below and any attached list.

<u>ACCOUNT #</u>	<u>PAYABLE TO:</u>	<u>AMOUNT OF CHECK</u>
65-999-001-401 CD	CHRISTOPHER AWAD 148 BATKOW CT SAYREVILLE, NJ 08872	\$52.71
65-999-002-261 CD	JESSICA, TIMOTHY & ANTHONY BOLES 9243 SO ROADRUNNER HIGHLANDS RANCH, CO 80129	\$92.48
65-999-002-118 CD	YUJUAN BRUCE 30 HH GARDEN TERRACE NORTH ARLINGTON, NJ 07031	\$177.76
66-999-972-807 WTR CURRENT 66-999-972-807 WTR PREV	CARIE CALDWELL 231 CROSSWICK RD SUITE 14 BORDENTOWN, NJ 08510	\$329.24 \$5.47
65-999-855-284 CD	ROSA CRUZ 40 WASHINGTON ST SOUTH RIVER, NJ 08882	\$72.98
65-999-000-910 ELEC PRIOR	DACOSTA REAL ESTATE HOLDING LLC 47 AGATE RD EAST BRUNSWICK, NJ 08816	\$28.69
65-999-002-219 CD	MICHAEL A IVEY 6 PRENTICE AVE APT 2 SOUTH RIVER, NJ 08882	\$93.51
65-999-001-060 CD	OLESYA KLYM 15 JEFFRIE AVE FL 1 SOUTH RIVER, NJ 08882	\$113.33
66-999-001-010 WTR CURRENT	ALEXANDER KUNIN 8383 - 118 TH ST APT 6 KEW GARDENS, NY 11415	\$40.65
66-999-972-708 WTR PREV	CLARENCE & ANNE MANZIANO 23 11 TH AVE MONROE, NJ 08831	\$15.41

65-999-001-039	CD	FRANCIS MURRAY & NAINÉ COHEN 49 AINSWORTH AVE EAST BRUNSWICK, NJ 08816	\$168.11
65-999-000-832	CD	VOLODYMYR NAZAROV 8H TWIN RIVERS DR EAST WINDSOR, NJ 08520	\$79.50
65-999-001-434	CD	JOAO PRIOR & HERMENEGILDA GREGORIO 3 CHESTNUT ST SOUTH RIVER, NJ 08882	\$167.62
65-999-002-082	CD	MARK SEBASTIAO & REGIANE LESCANO 38 HOLLANDER ST SOUTH RIVER, NJ 08882	\$68.38
65-999-002-600	CD	CHURPITA SERHU 514 SOLOOK DR PARLIN, NJ 08859	\$34.36
66-999-962-731	WTR PREV	MARGARET SERVON – ESTATE OF C/O STELLA VONDAR, ESQ. 16 THEODORE DR EAST BRUNSWICK, NJ 08816	\$189.30
65-999-937-476	ELEC CURRENT	MARTA SUCHCICKI 7 POTTER PL MILLTOWN, NJ 08851	\$19.13

/s/ _____
Councilmember

/s/ _____
Councilmember

RES: 2016

J

MARCH 28, 2016

RESOLUTION

WHEREAS, the official utility records of the Borough of South River, New Jersey show certain adjustments, recessions, amendments, cancellations, corrections, refunds and uncollectibles should be made on certain accounts due to various reasons; and

WHEREAS, the Utility Collector recommends these changes as listed; and

NOW, THEREFORE BE IT AND IT IS HEREBY RESOLVED that the Borough Utility Collector be and he is authorized to make the necessary adjustments, indicated below and any attached list.

<u>UTILITY CUSTOMER</u> <u>ACCOUNT NUMBER</u>	<u>REASON</u>	<u>AUTH</u>	<u>YEAR</u>	<u>AMOUNT</u>
LIN, H & HUANG, B 340 Whitehead Ave Apt 320 South River, NJ 08882 #65-999-000-607	Elec Credit	Refund	2015	\$185.25
	MUNICIPAL LIFELINE			

DATED:

/s/ _____
Councilmember

/s/ _____
Councilmember

K

THIS AGREEMENT is made on this 27th day of February 2016, "between" GARDEN STATE FIREWORKS, INC., hereinafter known and designated as The Party of the First Part Borough of South River known as the designated Party of the Second Part.

WITNESSETH: For and in consideration of all mutual covenants and agreements hereinafter entered into, the Party and Parties hereinafter agree as follow:

1. The Party of the First Part agrees to furnish to the Party of the Second Part High School Field Grounds on the 23rd day of August, 2016 in a location to be designated by the Party of the Second Part and approved by the Party of the First Part, an exhibition of fireworks.
2. The Party of the First Part agrees to pay all expenses for the freight and cartage for the said display, all necessary labor and equipment, and experienced Pyrotechnic Operators to discharge the said display.
3. The Party of the First Part and The Party of the Second Part agree to a postponement date of the 24th day of August 2016, at an additional cost of FIFTEEN PERCENT of the total contract amount. Postponements may be scheduled only within the period terminating NINETY days after the original scheduled date of the display; thereafter the display will be considered to be canceled. In the event of cancellation, the Party of the Second Part agrees to additional payment of FIFTY PERCENT, to bring the total of payments to ONE HUNDRED PERCENT of the total contract amount,
4. The Party of the First Part agrees to supply to the Party of the Second Part, insurance coverage in the amount of FIVE MILLION DOLLARS for liability and property damage. The Party of the Second Part agrees to hold harmless the Party of the First Part of all and any claims, legal fees incurred outside the operations or the control of the Party of the First Part. The Party of the First Part agrees to hold harmless the Party of the Second Part from all claims, legal fees incurred from the operations of the Party of the First Part.
5. The Party of the Second Part agrees to furnish ample security or police protection and barricades to prevent any persons from coming into the safety zone area designated for discharging said fireworks display. With the exception of conditions stated in paragraph 4 above, the Party of the Second Part also agrees to assume sole responsibility for spectator safety, including seating, lighting, and ground surfaces, and agrees to conduct an inspection of the site approximately 24 hours in advance of the display to ensure a safe spectator environment.
6. The Party of the Second Part agrees to produce any and all permits which may be required by municipal Authorities for the discharging of the said fireworks display at their own expense
7. The Party of the Second Part agrees that any and all publicity, media coverage, announcements, and advertising shall name GARDEN STATE FIREWORKS, INC., as the primary contractor for the said display.
8. Upon signing of this document a deposit of FIFTY PERCENT of the total contract price shall be paid to the Party of the First Part.
9. Upon delivery of the said display, the full balance for the contract amount shall be paid to the Pyrotechnic Operator in a sealed envelope either before or immediately following the discharging of the display
10. Total contract amount \$8,000.00 (Excluding *Fire permit fees*) United States

WITNESS:

Frances Desnoe

WITNESS

GARDEN STATE FIREWORKS, INC.

BY

August Santore

Borough of South River

BY

THIS AGREEMENT is made on this 27th day of February 2016, between GARDEN STATE FIREWORKS, INC., hereinafter known and designated as The Party of the First Part Borough of South River known as the designated Party of the Second Part.

WITNESSETH: For and in consideration of all mutual covenants and agreements hereinafter entered into, the Party and Parties hereinafter agree as follow:

1. The Party of the First Part agrees to furnish to the Party of the Second Part High School Field Grounds on the 23rd day of August, 2016 in a location to be designated by the Party of the Second Part and approved by the Party of the First Part, an exhibition of fireworks.
2. The Party of the First Part agrees to pay all expenses for the freight and cartage for the said display, all necessary labor and equipment, and experienced Pyrotechnic Operators to discharge the said display.
3. The Party of the First Part and The Party of the Second Part agree to a postponement date of the 24th day of August 2016, at an additional cost of FIFTEEN PERCENT of the total contract amount. Postponements may be scheduled only within the period terminating NINETY days after the original scheduled date of the display; thereafter the display will be considered to be canceled. In the event of cancellation, the Party of the Second Part agrees to additional payment of FIFTY PERCENT, to bring the total of payments to ONE HUNDRED PERCENT of the total contract amount,
4. The Party of the First Part agrees to supply to the Party of the Second Part, insurance coverage in the amount of FIVE MILLION DOLLARS for liability and property damage. The Party of the Second Part agrees to hold harmless the Party of the First Part of all and any claims, legal fees incurred outside the operations or the control of the Party of the First Part. The Party of the First Part agrees to hold harmless the Party of the Second Part from all claims, legal fees incurred from the operations of the Party of the First Part.
5. The Party of the Second Part agrees to furnish ample security or police protection and barricades to prevent any persons from coming into the safety zone area designated for discharging said fireworks display. With the exception of conditions stated in paragraph 4 above, the Party of the Second Part also agrees to assume sole responsibility for spectator safety, including seating, lighting, and ground surfaces, and agrees to conduct an inspection of the site approximately 24 hours in advance of the display to ensure a safe spectator environment.
6. The Party of the Second Part agrees to produce any and all permits which may be required by municipal Authorities for the discharging of the said fireworks display at their own expense
7. The Party of the Second Part agrees that any and all publicity, media coverage, announcements, and advertising shall name GARDEN STATE FIREWORKS, INC., as the primary contractor for the said display.
8. Upon signing of this document a deposit of FIFTY PERCENT of the total contract price shall be paid to the Party of the First Part.
9. Upon delivery of the said display, the full balance for the contract amount shall be paid to the Pyrotechnic Operator in a sealed envelope either before or immediately following the discharging of the display
10. Total contract amount \$8,000.00 (Excluding *Fire permit fees*) United States

WITNESS:

Frances Desroep

WITNESS

GARDEN STATE FIREWORKS, INC.

BY

August Santore

Borough of South River

BY _____

DRAYTON INSURANCE BROKERS, INC.

2500 CENTER POINT ROAD, SUITE 301
BIRMINGHAM, ALABAMA 35215
PHONE: (205) 854-5806
FAX: (205) 854-5899

POST OFFICE BOX 94067
BIRMINGHAM, ALABAMA 35220
EMAIL: dib@draytonins.com

CERTIFICATE OF INSURANCE

NO. 614012

We certify that insurance is afforded as stated below. This Certificate does not affirmatively or negatively amend, extend or alter the coverage afforded by the insurance policy and the insurance afforded is subject to all the terms, exclusions and conditions of the policy.

INSURER Admiral Insurance Company POLICY NO. CA000016477-05
NAMED INSURED Garden State Fireworks, Inc.
Pyritz Pyrotechnics Group, LLC
New Vernon Fireworks
P.O. Box 403
Millington, NJ 07946
POLICY TERM March 1, 2016 to March 1, 2017; Both Days 12:01 A.M. Standard Time
COVERAGE Commercial General Liability: Occurrence Basis Claims Made Basis
LIMIT OF LIABILITY \$5,000,000 each occurrence, \$10,000,000 general aggregate, \$6,000,000 products/completed operations aggregate
The limit of liability shall not be increased by the inclusion of more than one insured or additional insured.
INSURED OPERATIONS Public fireworks display and special effects contractor

It is certified that, if named below, this policy includes as Additional Insureds 1) the sponsor(s), promoter(s), organizer(s) (including other entities having similar interests), of insured pyrotechnic events and/or 2) the owner(s) of real property (or barges) at which insured pyrotechnic events are held and/or 3) the owner(s), manager(s), tenant(s), mortgagee(s) (including other entities having similar interests), of buildings, stadiums, arenas and similar facilities at which insured pyrotechnic events are held and/or 4) the licensing or permitting authority, or other authority having jurisdiction, issuing licenses/permits for insured pyrotechnic events and/or 5) any other entity for which the insurance is required to be afforded under written contract. Coverage applies only as respects the legal liability of such Additional Insured(s) for bodily injury and property damage caused by the operations of the Named Insured. The insurance afforded any Additional Insured excludes liability for bodily injury or property damage arising from the Additional Insureds own negligent acts or omissions or from the failure of such Additional Insured to fulfill its obligations specified in its contract with the Named Insured.

The Insured has fully complied with the requirements of N.J.S.A. 21:3-5 by providing a surety bond in the amount of \$2,500 from Service Insurance Company, Inc., West Orange, NJ. This general liability insurance is not provided to comply with the terms of N.J.S.A. 21:3-5. It is not an alternative to, or a co-surety with, the required bond, nor does it afford an additional or supplemental bond, nor excess limits over the required bond. By accepting status as Additional Insured on this policy, on the basis set out herein, the Additional Insured acknowledge and agree that this policy is not a bond, or an alternative to a bond, issued under the terms of N.J.S.A. 21:3-5.

NAME(S) OF
ADDITIONAL INSURED(S)

BOROUGH OF SOUTH RIVER
48 WASHINGTON STREET
SOUTH RIVER, N.J. 08882

BOROUGH OF SOUTH RIVER. SOUTH RIVER BOARD OF EDUCATION. COUNTY OF MIDDLESEX

DISPLAY LOCATION

DISPLAY DATE(S)

SOUTH RIVER HIGH SCHOOL FIELD

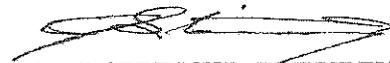
AUGUST 23, 2016 RAIN DATE AUGUST 24, 2016

It is certified that this policy requires a 30 day mutual notice of cancellation between the Insurer and the Named Insured. In the event of such cancellation we will endeavor to mail 10 days written notice to the Additional Insured(s), whose name and address is shown hereon, but failure to mail such notice shall impose no obligation or liability of any kind upon the insurer and/or the undersigned.

DRAYTON INSURANCE BROKERS, INC.

MARCH 2, 2016

DATE OF ISSUE


BY: A.J. STRINGER, PRESIDENT

L

DEPUTY COURT ADMINISTRATOR- SOUTH RIVER BOROUGH, Middlesex County is seeking a qualified individual for the position of full-time Deputy Court Administrator with experience in all aspects of Municipal Court Operations. Qualified candidates must have a strong working knowledge of the MACS, ATS/ACS, Page Center, computer/mainframe systems. Strong financial skills in managing the general cashbook and bail account preferred. Excellent customer service skills, strong written communication skills, attention to detail, organization and self-motivation a must. Responsibilities include: docketing/entering of tickets/complaints, accepting fine payments and bail. Scheduling cases, filing, answering inquiries from the public, defendants, and attorneys and other related duties. Effective September 13, 2011, all newly appointed deputy municipal court administrators, who are not certified municipal court administrators pursuant to N.J.S.A. 2B:12-11 et al., must obtain conditional accreditation within six (6) months of the date of appointment and must obtain full accreditation within three (3) years of the date of appointment. A non-certified deputy municipal court administrator, who fails to obtain conditional accreditation or accreditation within the time frames provided above, will be ineligible to remain in that title. The Municipal Court Certification Board may grant an extension of time upon a showing of good cause. Please send resume to: Fred C. Carr, Borough Administrator, 48 Washington St., South River, NJ 08882. Fax to (732) 613-3081. The Borough of South River is an Equal Opportunity Employer. Salary Range: Begins at \$27,533.11. Will increase upon conditional accreditation. **CLOSING DATE FOR APPLICATIONS IS FRIDAY, MARCH 25, 2016, 4:30 PM.** Ad Posted March 3, 2016 Ad Removed April 3, 2016

M



Ronald G. Rios
Freeholder Director

Carol Bellante
Deputy Director

Kenneth Armwood
Charles Kenny
H. James Polos
Charles E. Tomaro
Blanquita B. Valenti
Freeholders

H. James Polos
Chairperson, Public Safety
and Health Committee

John A. Pulomena
County Administrator

Joseph W. Krisza
Department Head

Lester Jones
Director-Health Officer

**COUNTY OF MIDDLESEX
DEPARTMENT OF PUBLIC SAFETY AND HEALTH**

Office of Health Services

March 1, 2016

Mr. Frederick C. Carr
Business Administrator
Borough Of South River
48 Washington Street
South River, NJ 08882-1247

*IAT
New Business
AND cmsat Agenda
14 MAR 2016
TWK
Lester*

RE: Hazardous Materials Cost Recovery Agreement

Dear Mr. Carr:

The Middlesex County Office of Health Services in conjunction with the Middlesex County Office of Emergency Management, Communications, and Preparedness continues to provide your municipality with the opportunity to participate in the Hazardous Materials Cost Recovery program.

The new three year Hazmat Cost Recovery Services Agreement for the years 2016, 2017, and 2018, is attached for execution by your governing body. Please return three original executed copies of the agreement to my office so it may be adopted by the Board of Chosen Freeholders. Should you wish not to continue to participate in this program, please inform me in writing of your decision.

If you have any questions, please contact my office at 732-745-3131.

Sincerely,

Lester Jones
Director - Health Officer

LJ/pk
Enclosures

Hazardous Materials Cost Recovery Agreement

THIS CONTRACT, entered into this 1st day of January, 2016, between the COUNTY OF MIDDLESEX, a municipal corporation in the State of New Jersey having its principle office at 75 Bayard Street, in the City of New Brunswick, County of Middlesex, the State of New Jersey, hereinafter referred to as the "County" and the BOROUGH OF SOUTH RIVER, having its principle offices at 48 Washington Street, Borough of South River, County of Middlesex, State of New Jersey, hereinafter referred to as the "Municipality".

WHEREAS, The County of Middlesex adopted an Emergency Response Cost Recovery Ordinance No. 97-1143, on May 15, 1997, pursuant to the County Environmental Health Act N.J.S.A. 26:3A2-21 et. seq., and the Spill Compensation and Control Act N.J.S.A. 58:10-23 (11f.b and 11f.g) et. seq.; and

WHEREAS, said ordinance was approved by the Commissioner of the New Jersey Department of Environmental Protection on July 10, 1997, and

WHEREAS, said ordinance provides that the Middlesex County Office of Health Services shall be the lead agency for cost recovery purposes in conjunction with the Middlesex County Office of Emergency Management, Communications and Preparedness-Hazardous Materials Unit (hereinafter known as HAZMAT) and as delineated in N.J.S.A. 26:3A2-23(c), and

WHEREAS, it is necessary to establish a procedure and protocol for emergency response action and recovery of costs incurred by the County and/or the local municipality providing support in a hazardous materials incident; and

WHEREAS, the aforementioned statutes and ordinance allows municipalities to enter into a Uniform Shared Services Agreement under N.J.S.A. 40:65-1 et. seq.; and

WHEREAS, the Municipality is desirous of contracting with the County for the furnishing of environmental health services of a technical and professional nature by the County to the Municipality; and;

WHEREAS, the Municipality may be called upon to provide emergency services to support the County during a HAZMAT incident that occurs within the jurisdiction of the Municipality: and,

WHEREAS, the parties herein are authorized to enter into said agreement for said services pursuant to the Uniform Shared Services and Consolidation Act N.J.S.A. 40A:65-1 et. seq.; and,

WHEREAS, said agreement is in the best interest of both the County and the Municipality.

NOW THEREFORE, in consideration of the mutual promised, covenants, agreements, and other considerations between the parties, the parties do hereby mutually covenant and agree as follows:

1. The County shall provide N.J.D.E.P. certified programs within the territorial jurisdiction of the Municipality, to carry out the following Hazmat Emergency Response and Cost Recovery services.
2. Said services shall be conducted in accordance with the County Environmental Health Act, N.J.S.A. 26:3A2-21, the County Environmental Health Standards of Administrative Procedure and Performance, N.J.A.C. 7:1H and the County Emergency Operating Plan.
3. The services provided herein shall be provided for a period of three years from the date of the full execution of this agreement.

4. This agreement will be terminated by either of the parties upon written notice by the party desiring to terminate said agreement. Such notice shall be given no later than 120 days prior to the termination date of said agreement.
5. The County shall assign an administrative fee of twenty percent (20%) to the total cost of the emergency response conducted by the County and/or municipality to recover the response costs from the designated responsible party of such a Hazmat event.
6. The County and Municipality further agree to abide by the following procedures:

Emergency Response:

- a. The State and/or certified local health agency designee may initiate and conduct a hazardous materials response action in response to a discharge of a hazardous substance that has occurred, is occurring, or threatens to occur within the jurisdictional boundaries of the County, in accordance with the provisions of the Uniform Shared Service Agreement between the County and the Municipality pursuant to N.J.S.A. 26:3A2-27, et. seq., which is incorporated here as a reference.
- b. The certified local health agency designee shall be the lead agency in conducting response actions and at the scene of a Hazardous Materials Incident, unless otherwise provided for in an inter-local services agreement that has been incorporated into the County's CEHA Work Agreement or the Middlesex County Emergency Operating Plan.
- c. In the event personnel from the Municipality respond to a Hazmat event, pursuant to such an inter-local agreement, and pursuant to the inclusion of such services within the Municipality's Emergency Operating Plan, the Municipality may submit a payment request to the Middlesex County Office of Emergency Management, Communications and Preparedness seeking payment from the responsible party for services provided.

Cost Recovery:

Middlesex County Office of Health Services, the certified health agency, may recover all costs as defined within the County Ordinance, including the twenty percent (20%) administrative fee to offset the increased costs of billing, processing, collecting payments and coordination of insurance company questions related to the Unauthorized or Unpermitted Discharge of Hazardous Substances within Middlesex County in accordance with the following procedure:

1. It shall be the responsibility of the municipality to:

- a. Identify a coordinator or person-in-charge for Hazmat emergency response cost recovery, i.e. Emergency Management Coordinator, Fire Chief, etc.
- b. The designated local coordinator shall be the sole billing and contact point for all agencies and departments within the municipality and for contact with the Middlesex County (OEMCP).
- c. The coordinator will be responsible for the following:
 - (1) Collection of billable manpower and equipment costs from the responding municipal departments and agencies.
 - (2) Preparation and submittal of a report to the Middlesex County OEMCP for review, validation, and processing.
 - (3) This report must contain the following information or it will be returned to the municipal point-of-contact for completion:
 - (a) The inclusive date(s) and time(s) of the discharge/spill.
 - (b) The New Jersey Department of Environmental Protection Case Number.
 - (c) Exact location of the discharge/spill
 - (d) Itemization of costs incurred by the authorized municipal agencies in responding to the discharge/spill, i.e. paid employee costs, vehicles, expendable supplies, damaged equipment, etc. Municipalities must use the Hazmat Emergency Cost Recovery Rate Schedule and hourly rates for all claimed employee response must be included.
 - (e) Completed copies of all local incident reports regarding the Hazmat emergency response (police, fire, EMS, public works, etc.) including the name and contact information of the Incident Commander for the discharge/spill event.
 - (f) Completion of the Middlesex County Hazmat Responsible Party Form that includes drivers license information, vehicle registration, insurance card information, and other pertinent documentation and information that clearly identifies the responsible party of record for this incident.

- (g) It is the responsibility of the municipality to follow the guidelines contained herein for billing of equipment, personnel, and expendable items as defined in the Cost Recovery Ordinance.
- (h) The request for municipal Hazmat cost recovery must be submitted to the Middlesex County OEMCP for review and approval within ten (10) business days of the incident.

Guidelines for Processing Claims:

Middlesex County OEMCP Hazmat shall process claims as follows:

1. The incident report and supporting documentation will be reviewed by the Middlesex County OEMCP Hazmat Unit. Incomplete or inaccurate information will be returned to the Municipal Coordinator for correction.
2. Submittal of payments for recovery of costs shall be in accordance with the established Hazmat Emergency Response Cost Recovery Rate Schedule.
3. No submittals will be approved for volunteer manpower response to a Hazmat incident.
4. In the event that the Middlesex County OEMCP-Hazmat Unit responds to the emergency along with municipal forces, the Middlesex County Hazmat Unit shall be responsible for submitting its own recovery cost claim and attaching it to the municipal cost form for a single billing to the responsible party of record for the incident.
5. The Middlesex County OEMCP will submit the final cost recovery bill(s) to the responsible party via certified mail.
6. In the event that the responsible party would like to review the billing, this must be accomplished in writing within fourteen (14) working days of receipt of the billing. The Middlesex County OEMCP, the local coordinator, and the County's Environmental Prosecutor shall review these issues and make a final determination.
7. As elucidated in the County's Hazmat Cost Recovery Ordinance, the responsible party is responsible for submitting payment within forty five (45) working days of receipt of the County's billing. Insurance claim information may be used to extend this payment period with the consent of the Middlesex County OEMCP.

8. If the responsible party has not submitted payment or insurance claim authorization within this time period, a Delinquent Account Notice will be sent and payment must be received within ten (10) working days of this certified mail notification.
9. If the responsible party has not submitted payment in response to the Delinquent Account Notice within the specified ten day period, the matter will be turned over to the County's Environmental Prosecutor for collection and appropriate legal actions.
10. If the recovery of municipal costs is denied or not recoverable, the County of Middlesex will notify the municipal coordinator and shall not be responsible for reimbursements/costs and shall be held harmless from any personal injury or damage to property or equipment of the Municipality, its employees, or property owners.
11. The New Jersey Department of Environmental Protection's Office of Local Environmental Management shall receive a copy of this Uniform Shared Services Agreement once it has been executed by both the municipality and the county.

IN WITNESS WHEREOF, the parties hereto have caused this agreement to be executed by its proper officer, attested by its Clerk, and have affixed hereto its corporate seal.

ATTEST

THE COUNTY OF MIDDLESEX

 Amy R. Naples, Clerk of the Board
 Board of Chosen Freeholders

 Ronald G. Rios, Freeholder Director
 Board of Chosen Freeholders

ATTEST

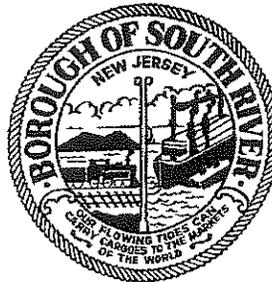
Town, Township, City, Borough of _____

 Municipal Clerk

 Mayor

BOROUGH OF SOUTH RIVER
48 WASHINGTON STREET
SOUTH RIVER, NJ 08882
PHONE 732-257-1999
FAX 732-613-6105

N



APPLICATION FOR MERCANTILE LICENSE

NAME OF BUSINESS Autobahn lifestyle
PROPOSED LOCATION 72 causeway
BLOCK# 327 LOT# 12
BUSINESS TELEPHONE 732-322-0405, 732-309-3326
NATURE OF BUSINESS (Describe Operation)

Auto Repair Auto Detail car wash.

APPLICANT INFORMATION

NAME malakhim mushailou
HOME ADDRESS 135-A Taylor Ave
CITY, STATE, ZIP East Brunswick, NJ, 08816
TELEPHONE# HOME _____ CELL 732-309-3326
DATE OF BIRTH _____ SOCIAL SECURITY # _____

DRIVER'S LICENSE# _____
ATTACH A COPY OF YOUR DRIVERS LICENSE - Address on your identification must match the address on this application.

PROPOSED BUSINESS AT THIS LOCATION

NUMBER OF EMPLOYEES 1
DAYS AND HOURS OF OPERATION mon-Fri-Sat-Sun 9am-7pm
SQ. FOOTAGE OF AREA TO BE OCCUPIED 1800
OFF STREET PARKING SPACES AVAILABLE TO SPACE BEING OCCUPIED # 8
DOES OPERATION INVOLVE USE OR STORAGE OF FLAMMABLE/COMBUSTABLE OR HAZARDOUS MATERIALS _____ YES NO

IF YES, SUPPLY QUANTITIES AND MSDS SHEETS ON PRODUCTS INVOLVED
(ATTACH TO APPLICATION)

cc: zoning ✓ Police ✓ Fire Prevention ✓ Health ✓ all
left
approved

NAME Malakhin Mushailov

PREVIOUS BUSINESS AT THIS LOCATION:

DESCRIBE OPERATION OF PREVIOUS BUSINESS

Auto Body AND REPAIR

NUMBER OF EMPLOYEES AT PREVIOUS BUSINESS 4 PARKING SPOTS 8

IF CORPORATION: The information below is required for each officer and each stockholder owning 10% or more of the stock. List the name, address and phone number of each registered agent:

NAME _____ NAME _____

ADDRESS _____ ADDRESS _____

PHONE # _____ PHONE # _____

NAME, ADDRESS AND PHONE OF ATTORNEY (IF ANY):

PLEASE ANSWER THE FOLLOWING:

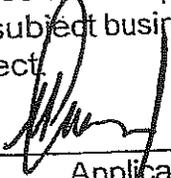
Applicant(s) ever been denied a license to conduct a business YES NO
If YES, describe in detail. (Date, business, location)

Applicant(s) ever been arrested or convicted of a crime, or violation of any municipal ordinance in the Borough of South River or any other municipality, other than traffic offenses?
YES NO

Is applicant currently the subject of any outstanding warrants? YES NO

If YES to the above, set forth the date and place of the offense, nature of the offense and the punishment or penalty imposed. (Date, location, disposition)

The undersigned makes these statements above to induce the Borough of South River to issue the license herein applied for and agrees to comply with all laws and ordinances of the Borough applicable the subject business above referred to. I certify the information contained in this application is true and correct.

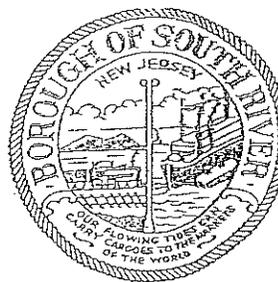


Applicant Signature

10/14/15

Date

BOROUGH OF SOUTH RIVER
 48 WASHINGTON STREET
 SOUTH RIVER, NJ 08882
 PHONE 732-257-1999
 FAX 732-613-6105



APPLICATION FOR MERCANTILE LICENSE

FEES:
 \$50.00 NEW
 \$25.00 Transfer

NAME OF BUSINESS New Beginnings
 PROPOSED LOCATION 64 Ferry St.
 BLOCK# 157 LOT# 10.1 (24 MAIN ST.)
 BUSINESS TELEPHONE 848 203 6858

New Business

NATURE OF BUSINESS (Describe Operation)
Retail of Supplements

APPLICANT INFORMATION

NAME Alexis Perez & Grismeldy Gil
 HOME ADDRESS 650 State St PMB 128 125 Peterson Ct
 CITY, STATE, ZIP Perth Amboy NJ 08861
 TELEPHONE# HOME _____ CELL 848 203 6858
 DATE OF BIRTH _____ SOCIAL SECURITY # _____

DRIVER'S LICENSE# _____
 ATTACH A COPY OF YOUR DRIVERS LICENSE - Address on your identification must match the address on this application.

PROPOSED BUSINESS AT THIS LOCATION:

NUMBER OF EMPLOYEES 2
 DAYS AND HOURS OF OPERATION 7am-12pm 5pm-8pm
 SQ. FOOTAGE OF AREA TO BE OCCUPIED _____
 OFF STREET PARKING SPACES AVAILABLE TO SPACE BEING OCCUPIED # _____

DOES OPERATION INVOLVE USE OR STORAGE OF FLAMMABLE/COMBUSTIBLE OR HAZARDOUS MATERIALS _____ YES NO IF YES, SUPPLY QUANTITIES AND MSDS SHEETS ON PRODUCTS INVOLVED (ATTACH TO APPLICATION)

Food License (JA)
 REFERRAL DATE _____

BOROUGH USE ONLY:

DEPARTMENT	APPROVAL/DENIAL	SIGNATURE	DATE
Zoning/Building	<i>JA</i>	<i>JA</i>	3/2/16
Police	<i>JA</i>	<i>JA</i>	3/1/16
Fire Prevention	<i>JA</i>	<i>JA</i>	3/1/14
Health	<i>JA</i>	<i>JA</i>	

NAME _____

PREVIOUS BUSINESS AT THIS LOCATION:

DESCRIBE OPERATION OF PREVIOUS BUSINESS

_____ Same Business _____

NUMBER OF EMPLOYEES AT PREVIOUS BUSINESS _____ PARKING SPOTS _____

IF CORPORATION: The information below is required for each officer and each stockholder owning 10% or more of the stock. List the name, address and phone number of each registered agent:

NAME _____ NAME _____

ADDRESS _____ ADDRESS _____

PHONE # _____ PHONE # _____

NAME, ADDRESS AND PHONE OF ATTORNEY (IF ANY):

PLEASE ANSWER THE FOLLOWING:

Applicant(s) ever been denied a license to conduct a business YES NO
If YES, describe in detail. (Date, business, location)

Applicant(s) ever been arrested or convicted of a crime, or violation of any municipal ordinance in the Borough of South River or any other municipality, other than traffic offenses?
 YES NO

Is applicant currently the subject of any outstanding warrants? YES NO

If YES to the above, set forth the date and place of the offense, nature of the offense and the punishment or penalty imposed. (Date, location, disposition)

The undersigned makes these statements above to induce the Borough of South River to issue the license herein applied for and agrees to comply with all laws and ordinances of the Borough applicable to the subject business above referred to. I certify the information contained in this application is true and correct.

Antoni P. B.
Applicant Signature

7/19/2016
Date

P

RECEIVED

JAN 13 2016

BOROUGH OF SOUTH RIVER

Dorothy Zajac
4 Wootton Road
Essex Fells, NJ 07021
December 23, 2015

Dear Mr. Carr:

As I did for our 2015 event, I am writing to formally request to waive the permit fee for our annual charity walk and run in South River on Sunday, June 5, 2016.

This event would again be in support of the Aplastic Anemia & MDS International Foundation. As a reminder, my father, Richard Zajac, was a resident of South River for almost 40 years before he passed away due to complications from MDS (Myelodysplastic Syndrome) on June 8, 2011.

Thank you in advance.

Sincerely,
Dorothy Zajac
732-991-6227 (cell phone)
973-360-2730 (work phone)

Requesting waiver of
application permit
bond. SN

SPECIAL EVENTS PERMIT
Borough Code Chapter 288A
(FORM MUST BE SUBMITTED 30 DAYS PRIOR TO THE EVENT)

RECEIVED

JAN 13 2016

APPLICANT

BOROUGH CLERK

Name Dorothy Zujal
Address 4 Wootton Road ESSEX FELLS NJ 07021
Telephone number 732-991-6227

If applicant is a club/organization/corporation/business:

Contact person:
Name _____
Address _____
Telephone _____

Date submitted 1/13/16

EVENT

Type Charity walk / run
Location (address) Montgomery between Johnson & Lexington with walk + run route
Date(s) to be held June 5, 2016
Starting time(s) 7:00 AM (setup) Ending time(s) 2:00 PM (clean up)
Number of tickets to be sold N/A Anticipated attendance (for each day) 150

FACILITY (plan to show location of the following):

Amount of space where event is to be held-excluding parking areas SEE route map
Number of entrances for admittance outdoor event
Number of exits outdoor event
Number of buildings to be used none
a. Number of entrances for each building N/A
b. Seating capacity for each building N/A
c. Total seating capacity of all buildings N/A
Capacity of open lands to be used _____
Number of sanitary facilities (show locations on plan) portable toilets on Montgomery street
Number of trash, litter and recycling receptacles for the outside activities on Montgomery and along route
a. Responsible party for collection & removal applicant (10 in total)

1. If contracted:

- (a) Name of firm: _____
- (b) Address of firm _____
- (c) Telephone number of firm _____
- (d) Name of contact person _____

PARKING FACILITIES

Location (address) of each St. Mary's Baptist Church lot on a street parking
Capacity of each _____
Total parking capacities _____

EMPLOYEES

Type of staff position Volunteers Number of employed for each type minimum of 10 for registration & coordination
A list of the responsibilities for each position is to be submitted separately

OTHER DOCUMENTS

	<u>SUBMITTED</u>	<u>WAIVER</u>
1. Proof of public liability insurance-\$1,000,000 minimum, with Borough added as an insured.	<input checked="" type="radio"/> (yes) <input type="radio"/> (no)	<input type="radio"/> (yes) <input type="radio"/> (no)
2. \$2,500 guarantee performance bond to insure that: a. Streets will be left in as good a condition as they find them b. Removal of all trash, litter and rubbish from property used and adjacent streets.	<input type="radio"/> (yes) <input type="radio"/> (no)	<input type="radio"/> (yes) <input type="radio"/> (no) <i>waived in last event's resolution</i>
3. Letter of consent from property owner as to use of property	<input type="radio"/> (yes) <input type="radio"/> (no)	<input type="radio"/> (yes) <input type="radio"/> (no) <i>requesting through permit</i>
4. Are any Legalized Games of Chance to be held If yes, application(s)	<input type="radio"/> (yes) <input checked="" type="radio"/> (no) <input type="radio"/> (yes) <input type="radio"/> (no)	
5. Will any rides and/or safety equipment to be use for any at event a. If yes, a copy of sufficient evidence of current inspection	<input type="radio"/> (yes) <input checked="" type="radio"/> (no) <input type="radio"/> (yes) <input type="radio"/> (no)	

6. Is alcohol to be sold, served and consumed (yes) (no) (no)
- a. If yes, a copy of NJABC Special Permit for Social Affair application, if required, including plan of area (yes) (no)

1st Dorothy Zajac
 Name: Dorothy Zajac
 Title: Organizer
 Telephone No: 973-226-6447

Sworn and subscribed before me
 this 8th day of January, 2016

Ashikome Ann Gamra
 Notary Public of New Jersey
 My Commission expires JULY 8, 2019

ASHIKOME ANN GAMRA
 Notary Public
 State of New Jersey
 My Commission Expires July 8, 2019
 I.D.# 80000178

FILING

FEE \$ 75.00 AMOUNT DATE RECEIVED BY [Signature]

Please waive for charity event. Thanks.

REVIEWS

Department	Date	Approval	Denial
Code Compliance	3/3/16	CL	
Fire	3/6/16	WLS	
Rescue Squad	3/8/16	TC	
Health	3/4/16	EC	
Police	3/8/16	MT	
Legal	OK		
Mayor/Council			
✓ <i>[Signature]</i>	3/4/16	AL	



APLAANE-01

HASA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/1/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER The TAMRAC Group, Inc. 10946 C Beaver Dam Road Hunt Valley, MD 21030	(410) 568-1200	CONTACT NAME: Sara Hansbury PHONE (A/C, No, Ext): (410) 568-3000 E-MAIL ADDRESS: shansbury@tamracins.com FAX (A/C, No):	INSURER(S) AFFORDING COVERAGE INSURER A: Sentinel Insurance Company, Ltd. INSURER B: Hartford Casualty Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	NAIC #
INSURED Aplastic Anemia & MDS International, Inc. & PNH Research & Support Foundation 100 Park Ave Suite 108 Rockville, MD 20850				

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Hired auto PD \$500		30SBATO3604	2/18/2016	2/18/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 hired non owned liab \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		30SBATO3604	2/18/2016	2/18/2017	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	30WECLD7696	2/18/2016	2/18/2017	<input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	business personal property		30SBATO3604	2/18/2016	2/18/2017	special form RC 51,300

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: March for Marrow Walk South River 2016

CERTIFICATE HOLDER

CANCELLATION

Borough of South River NJ
48 Washington Street
South River, NJ 08882-

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2014 ACORD CORPORATION. All rights reserved.

Run Route

Instructions Select location: [select state] ▼ or 08882 go

Toolbar

- Draw map
- Add water
- Undo
- To start
- Out & back
- Clear all

Distance:

- 1.90 miles
- 3.05 km

Actions

- Save
- Print

Map data ©2014 Google Terms of Use Report a map error



RECEIVED

MAR - 1 2016

To Borough of South River
From: Saraswati Cultural Association, Inc
Date: 03-01-2016
Re: Request for waiver for Special event Guarantee performance Bond

BOROUGH CLERK

Dear Sir/Madam,
I, Anita Chadha, president SCA, here by request to waive \$2500 Guarantee performance Bond amount for our upcoming event SCA Holi on Saturady April 2nd, 2016

We assure you SCA team will leave the part in as good condition as they find them and will remove all the trash, litter and rubbish from the park.

If you have any other concern or question please contact me at the following number or email.

Thanks

Truly,
Anita Chadha
848-2345-9354
scal991nj@gmail.com

RECEIVED

MAR - 1 2016

SPECIAL EVENTS PERMIT
Borough Code Chapter 288A
(FORM MUST BE SUBMITTED 30 DAYS PRIOR TO THE EVENT)

BOROUGH CLERK

APPLICANT

Name Saraswati Cultural Association, Inc
Address 46 Rotunda Lane
South River NJ 08882
Telephone number 732-955-6616

If applicant is a club/organization/corporation/business:

Contact person:

Name Anita Chadha
Address 46 Rotunda Lane
South River NJ 08882
Telephone 848-234-9354

Date submitted 2/29/16

EVENT

Type SCA HOLI - Festival of Colors
Location (address) Edward A. Grekosi Park
Date(s) to be held April 2nd 2016
Starting time(s) 12 PM Ending time(s) 4 PM
Number of tickets to be sold None Anticipated attendance (for each day) 200

FACILITY (plan to show location of the following):

- Amount of space where event is to be held-excluding parking areas _____
- Number of entrances for admittance _____
- Number of exits _____
- Number of buildings to be used _____
 - a. Number of entrances for each building _____
 - b. Seating capacity for each building _____
 - c. Total seating capacity of all buildings _____
- Capacity of open lands to be used _____
- Number of sanitary facilities (show locations on plan) _____
- Number of trash, litter and recycling receptacles for the outside activities _____
 - a. Responsible party for collection & removal _____

1. If contracted:
- (a) Name of firm: _____
 - (b) Address of firm _____
 - (c) Telephone number of firm _____
 - (d) Name of contact person _____

PARKING FACILITIES

Location (address) of each _____
 Capacity of each _____
 Total parking capacities _____

EMPLOYEES

Type of staff position SCA TEAM Number of employed for each type N/A
 A list of the responsibilities for each position is to be submitted separately

OTHER DOCUMENTS

	<u>SUBMITTED</u>	<u>WAIVER</u>
1. Proof of public liability insurance-\$1,000,000 minimum, with Borough added as an insured.	<input checked="" type="radio"/> (yes) (no)	(yes) (no)
2. \$2,500 guarantee performance bond to insure that:		
a. Streets will be left in as good a condition as they find them		<i>See Letter</i>
b. Removal of all trash, litter and rubbish from property used and adjacent streets.	(yes) (no)	<input checked="" type="radio"/> (yes) (no)
3. Letter of consent from property owner as to use of property <u>PARK PERMIT REC'D</u>	(yes) (no)	
4. Are any Legalized Games of Chance to be held If yes, application(s)	(yes) <input checked="" type="radio"/> (no) (yes) (no)	
5. Will any rides and/or safety equipment to be use for any at event	(yes) <input checked="" type="radio"/> (no)	
a. If yes, a copy of sufficient evidence of current inspection	(yes) (no)	

6. Is alcohol to be sold, served and consumed (yes) (no)
 a. If yes, a copy of NJABC Special Permit for Social Affair application, if required, including plan of area (yes) (no)

1st Chadha
 Name Anita Chadha
 Title President SCA
 Telephone No: 848-234-9354

Sworn and subscribed before me this 2nd day of March, 2016

Patricia O'Connor
 Notary Public of New Jersey
 May Commission Expires PATRICIA E. O'CONNOR
 NOTARY PUBLIC OF NEW JERSEY
 My Commission Expires Apr. 12, 2017

FILING

FEE \$ 75.00 pd 3/2/16 P. O'Connor
 AMOUNT DATE RECEIVED BY

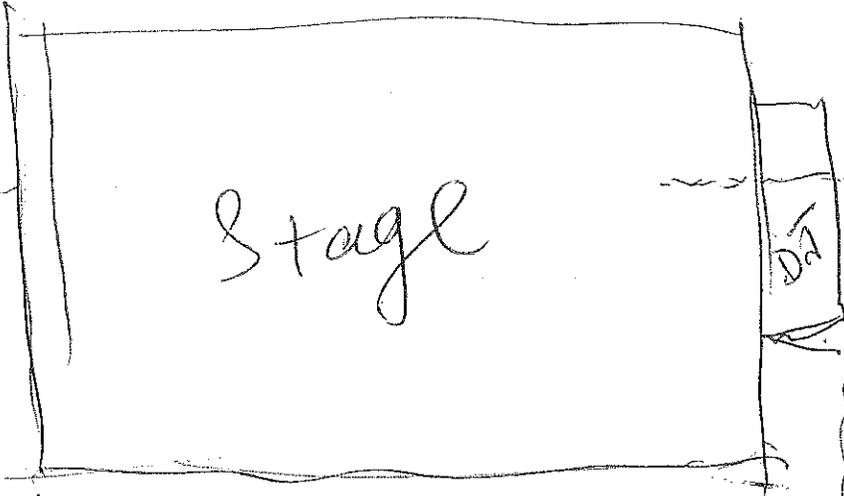
REVIEWS

Department	Date	Approval	Denial
Code Compliance	3/2/16	U.S.	
Fire	3/2/16	U.S.	
Rescue Squad	3/8/16	U.S.	
Health	3/3/16	U.S.	
Police	3/8/16	U.S.	
Legal			
Mayor/Council			
Fire Prev.	3/2/16	U.S.	

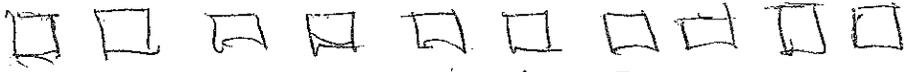
Gym area

Shed

map



Vendors



100 chairs

Grass

Baseball field

Vendors

Food

Benches

Entrance

Grass color playing



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/29/2016

PRODUCER East Main Street Insurance Services, Inc. Will Maddux PO Box 1298 Grass Valley, CA 95945 Phone: (530) 477-6521 Email: info@theeventhelper.com	THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
INSURED Saraswati Cultural Association, Inc SCA Anita Chadha 186 Glendenny Avenue Jersey City, NJ 07304	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURERS AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: Lloyds Syndicate 2623</td> <td>AA-1128623 82%</td> </tr> <tr> <td>INSURER B: Lloyds Syndicate 623</td> <td>AA-1126623 18%</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Lloyds Syndicate 2623	AA-1128623 82%	INSURER B: Lloyds Syndicate 623	AA-1126623 18%	INSURER C:		INSURER D:		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC #												
INSURER A: Lloyds Syndicate 2623	AA-1128623 82%												
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INSURER C:													
INSURER D:													
INSURER E:													

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR/ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS								
A	Y	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Host Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> Retail Liquor Liability	EH-771314-L925998	04/02/2016	04/03/2016	EACH OCCURRENCE INCLUDES BODILY INJURY & PROPERTY DAMAGE \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ INCLUDED DEDUCTIBLE \$ 1,000								
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$								
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$								
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">WC STATUTORY LIMITS</td> <td style="width: 50%;">OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATUTORY LIMITS	OTHER													
E.L. EACH ACCIDENT	\$													
E.L. DISEASE - EA EMPLOYEE	\$													
E.L. DISEASE - POLICY LIMIT	\$													

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Certificate holder listed below is named as additional insured per attached CG 20 26 07 04.

CERTIFICATE HOLDER Edward A. Grekoski Park Borough of South River White Head Ave South River, NJ 08882	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Will Maddux</i>
---	---

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
Edward A. Grekoski Park Borough of South River White Head Ave South River, NJ 08882
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JAN 07 2016

SARASWATI CULTURAL ASSOCIATION INC
186 CLENDENNY AVE
JERSEY CITY, NJ 07304-1202

Employer Identification Number:
22-3190481
DLN:
17053272315025
Contact Person:
PAUL F CAPPEL II ID# 31665
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
September 26, 2015
Contribution Deductibility:
Yes
Addendum Applies:
Yes

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

Based on the information you submitted with your application, we approved your request for reinstatement under Revenue Procedure 2014-11. Your effective date of exemption, as listed at the top of this letter, is the postmark date of your application.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar

Letter 947

SARASWATI CULTURAL ASSOCIATION INC

to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities,
which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

A handwritten signature in black ink, appearing to read "Jeffrey I. Cooper". The signature is stylized with several overlapping strokes.

Jeffrey I. Cooper
Director, Exempt Organizations
Rulings and Agreements

SARASWATI CULTURAL ASSOCIATION INC

ADDENDUM

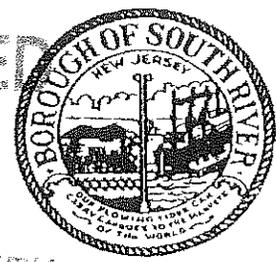
If you have been in existence for at least three years and you have not filed a Form 990 return or notice for three consecutive years, you may soon receive a letter (Notice CP120A) that we automatically revoked your exempt status, as required by law, for failure to file a return or notice for three consecutive years. This letter will serve to reinstate your exempt status, so you will not need to re-apply. However, you may need to file the appropriate delinquent Forms 990 for all years you have operated as a tax-exempt organization.

44

R

RECEIVED

BOROUGH OF SOUTH RIVER
MIDDLESEX COUNTY
NEW JERSEY



FEB 25 2016

BOROUGH CLERK

APPLICATION FOR OUTDOOR CAFÉ AND RESTAURANTS

License Period will be from January 1st through December 31st

YEAR 2016 (CAFE SICAL) LICENSE # _____

Name of Business CIRINO'S BAROY Business Phone Number 732-254-0095

Address 56 Ubert St - South River NJ 08882 Block 161 Lot 14

Owner of Business SILVIA CIRINO

Address of Owner 113 JACKSON ST - SOUTH RIVER - NJ 08882

Contact Person SILVIA CIRINO Phone Number 201 889 9002

Number of indoor table seating 9 Number of outdoor table seating 3

Day(s) of operation 7 Hours of operation 5:00 AM to 7:00 PM

* Per Ordinance - Operation hours are anytime from 8:00 AM to 10:00 PM (ADVISE APPLICANT PER AM)

Square footage of area of operation 60 sq.ft.

Do you have a current food establishment license YES () NO ()

Will alcohol beverages be served YES () NO ()

Silvia Cirino
Signature of Applicant

2/26/16
Date

Submit with application:

\$100.00 Application Fee made payable to the Borough of South River Rec'd. SN Ck# 2802
Sketch/Diagram of proposed outdoor café Rec'd. SN

Upon approval of outdoor café the following are to be submitted:

Written confirmation that the Borough of South River and the County of Middlesex (if applicable) have been named as additional insured on all public liability policies, to be a minimum of \$1,000,000 per individual, \$3,000,000 per event. Rec'd. SN

Licensing fee in the amount of \$100.00 plus \$1.00 per square foot of sidewalk utilized for said outdoor café or restaurant Amount \$ _____ Rec'd. _____ Ck# _____

	Approved Yes or No	Signature	Date
Zoning <u>Q</u>	<u>OK</u>	<u>AL</u>	<u>3/2/16</u>
Fire Prevention	<u>OK</u>	<u>AK</u>	<u>3/2/16</u>
SRPD	<u>OK</u>	<u>MT</u>	<u>3/2/16</u>

Revised 7/2012

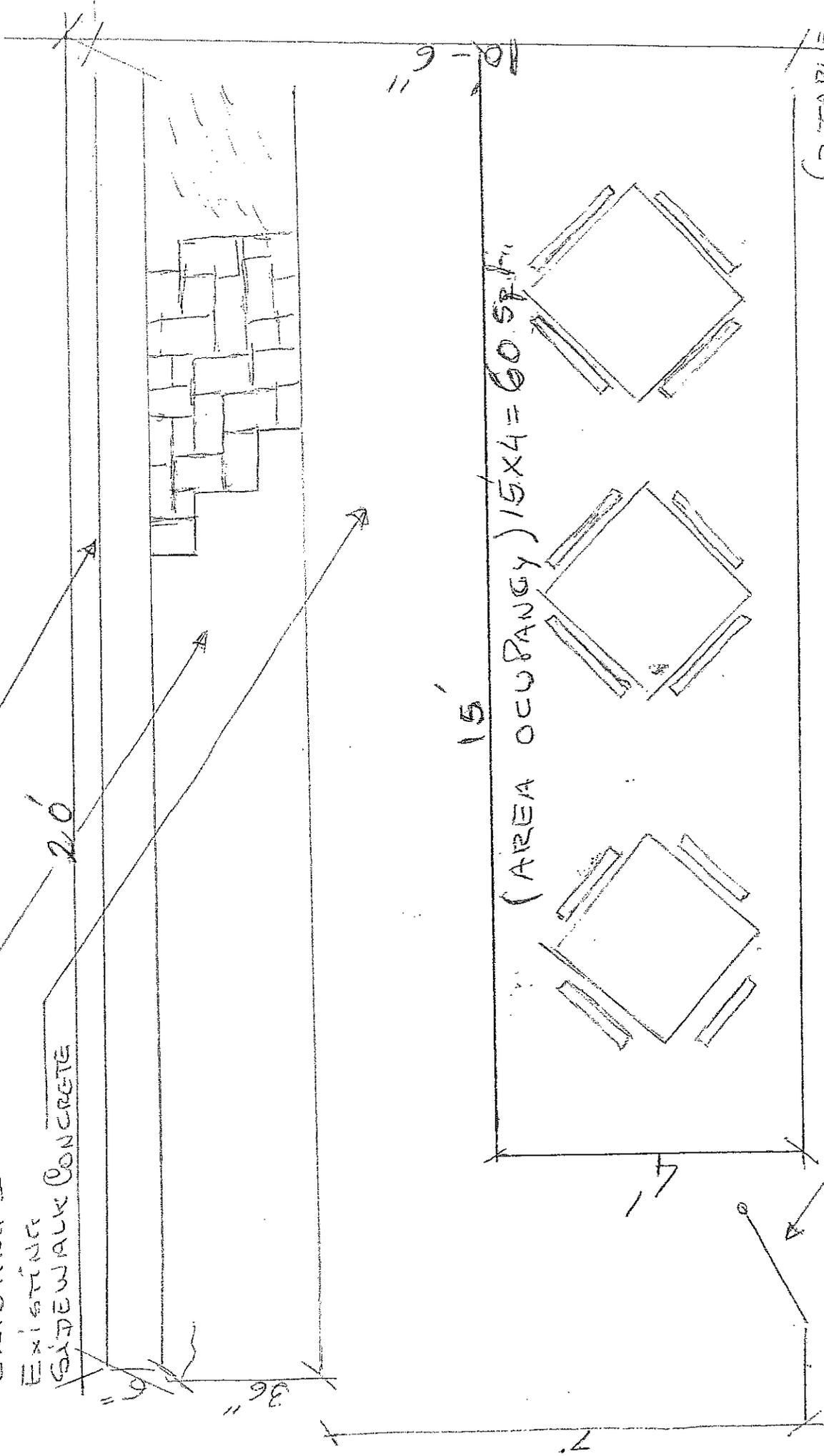
OBERT S.T.

FACE CURB

EXISTING PAVERS

EXISTING SIDEWALK CONCRETE

20'



9'-0"

15'

(AREA OCCUPANCY) 15 X 4 = 60 SF

36"

NOTE: 3 TABLE (12 PEOPLE)

ENTRANCE DOOR

FRONT STORE DETAIL



PATRICK GERALDO , Captain
DEPARTMENT HEAD

Mark Delury , Asst. Captain
DEPUTY - DEPARTMENT HEAD

TONY CIULLA , Councilman
CHAIRPERSON
PUBLIC SAFETY COMMITTEE

JOHN KRENZEL , Mayor

**BOROUGH OF SOUTH RIVER
DEPARTMENT OF RESCUE
EMERGENCY MEDICAL SERVICES**
6 THOMAS STREET
SOUTH RIVER, NEW JERSEY 08882

ORIGINAL

RECEIVED

MAR - 3 2016

BOROUGH CLERK

TO: Mayor and Council
FROM: Patrick Geraldo, Captain
DATE: March 2, 2016
RE: Appointment for Rescue Squad Probationary Membership

I recommend the following applicant for Probationary Membership appointment in the Borough of South River, Department of EMS and Rescue. Please accept this applicant, pending the results of the full background check.

1. Javier Guzman – 21 Rice Run, East Brunswick, New Jersey, 08816

If there are any questions about the above listed applicant, please feel free to contact me at (732) 991-9390. I have attached a copy of the application for the Borough Clerk's Office records.

Regards

x Patrick Geraldo

Patrick Geraldo, Captain
South River Rescue Squad

PC: Borough Clerk
Borough Administrator
President, SRRS, Inc.
File



PATRICK GERALDO , Captain
DEPARTMENT HEAD

WILLIAM SYNEK , Asst. Captain
DEPUTY - DEPARTMENT HEAD

TONY CIULLA , Councilman
CHAIRPERSON
PUBLIC SAFETY COMMITTEE

JOHN KRENZEL , Mayor

**BOROUGH OF SOUTH RIVER
DEPARTMENT OF RESCUE
EMERGENCY MEDICAL SERVICES
6 THOMAS STREET
SOUTH RIVER, NEW JERSEY 08882**

ORIGINAL

RECEIVED

TO: Mayor and Council
FROM: Patrick Geraldo, Captain
DATE: March 2, 2016
RE: Appointment for Rescue Squad Probationary Cadet Membership

MAR - 3 2016

BOROUGH CLERK

I recommend the following applicant for **Probationary Cadet Membership** appointment in the Borough of South River, Department of EMS and Rescue. Please accept this applicant, pending the results of the full background check.

1. Nikita Jain - 22 Congress Lane, East Brunswick, NJ, 08816
2. Amani Hassan - 42 Charter Dr, South River, NJ, 08882

If there are any questions about the above listed applicant, please feel free to contact me at (732) 991-9390. I have attached a copy of the application for the Borough Clerk's Office records.

Regards



Patrick Geraldo, Captain
South River Rescue Squad

PC: Borough Clerk
Borough Administrator
President, SRRS, Inc.
File